The on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RE IARGIN RESERVED FOR BINDING TION is vory important Soo instructions on back of certificate. TRITE PLA V. S. No. N. B

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(132(11)
Country Mellon Hello	Registration Dist. No. 251
Village or City Cleellan Ace hed	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	nosds How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Selle ung bell	of trace del
(a) Residence: No. Occure of Medical B	Ward.
(Usuafplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2
Tomale White OR BYORCED (write the word)	(Month) (Day) (Year)
s. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jacuso It. Auderosa	22. JI HEREBY CERTIFY That I ettended deceased fro
NIN 29 1057	I last saw her elive on weh . 1930; death is sai
AGE Years Months Days If LESS than	- 230/1
3 2 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Data of onse
kind of work done, as SPINNER, Alexandra Sawyer, BOOKKEEPER, etc.	- Mouchial Meaning 27
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Dete deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation	
, John J. Company of the Company of	Other Contributory Causes of Importance;
2. BIRTHPLACE (city or town) (State or county)	But I for the Star
	- If leaving walfill on
13. NAME A CHILL MURO PARE 14. BIRTHPLACE (city or town)	70
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an eu'opsy?
13. MAIDEN WARE A THE TOTAL TO CALL	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
15. MAIDEN NAME (City or town) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
La Golden March san	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANI CHUGA OVICE 2015	Specify whether injury occurred in State of the Forest Feat.
8. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Ollies Thee Date Millen 15	Nature of injury
Steller Word	24. Was disease or injury in eny wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
makan 25 M	(Sighed) DIRON. O Deell T. M.
20. FILED 1920 Registrar.	(Address ellelly been been
If more blanks are needed, address State Registr	141. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
A SHIPPING			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(USCUIZ
County Lucen Lun	Registration Dist. No. 23-1
Village or City Church Helf	No. Out side, St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2 FILL MANE GLORA Edward Brown	-
(a) Residence: No. Church This	Mard D.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Alaneet	21. DATE OF DEATH florch 24, 193, 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ama Brown	22. HEREBY CERTIFY. Thet Lattended decessed from
6. DATE OF BIRTH (month, day, and year) Qet. 221868	Hast saw h 22 alive on Starch 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 723 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular	Jahre Dorsalis abut
	3 ~ 4
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	- Jogo
10. Date deceased last worked et this occupation month and 1934 spant in this year)	
12. BIRTHPLACE (city or town) wills ge Poud Towny (State or country) Jules Home Co. Med,	Other Contributory Causes of importance: Mor definition Course
E 13. NAME Charles Brown	mut violati
14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of
E 15. MAIDEN NAME WILLIAM	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Medford Brown (Address) Coth frag to Talell Med	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Rich neck Date no. 26', 1932	Manner of injury
19. UNDERTAKER With Child	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Mar. 2019 95 - W. H. G. Registrar.	(Signed) Ar Mry Trahmond M.D. (Address) & hustertown, M.d.,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Market of the Control of the Con			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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iten	Sh	Jo	
D. Every	PSICIANS	statement	
r RE	Y. Ph	Exact	
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate
HIS	þe	pe	Jo
NG INK-T	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ery important. See instructions on back of certificate.
UNFAD	upplied.	terms, se	e instruc
É	ly s	lain	20
Y, WI	e careful	ATII in p	portant.
V	d be	DEA	mi .
PL	lne	FI	erv

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03202
1. PLACE OF REATH	92-0
County And Land	Registration Dist. No. 252
Village or City Recurbing	No. St., Ward
Length of rasidence in city or town where death occurredyrsyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
Va (2001)	
2. FULL NAME	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OF DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h aliva on
7. AGE Years Months Days If LESS the	.hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chemin Valure plane
work was done, as SILK MILL,	of the hours
10. Date deceased last worked at this occupation (month and year)	Other Contributory Canaes of importance:
12. BIRTHPLACE (city or town)	Panelina River Rado
II 13. NAME Don't Unon	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
(otate of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL CREMATION, OR REMOVAL Place Oata 3 / 19.	Manner of injury Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO March 4, 1935 Mamis & Bright	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	99-00	Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HYSI-Exact RTIFICATE classified Registration Dist, No. St.:.... Ward) If death occurred in a hospital or institucertificate stoad of street mumbor.) proper MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 1 COLOR OR RACEAS SINGLE. peq It may be on back pino (Month) (Day) OR DIVORCED (Write the word) BINDING HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH that instruction (Month) (Day) (Yéar) and that death occurred on the date stated above, at, 0 7 AGE If LESS than The CAUSE OF DEATH & was as I day hrs. or min. ? teri 00 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work e (b) General nature of industry business, or establishment in Import which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) ARGIN ery Ш 0 10 NAME OF FATHER OL 0 (Address) 11 BIRTHPLACE 비교 OF FATHER *State the Disease Causing Death, or, in deaths from C 50 0 REN (State or country Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suieldal or Homicidal. 12 MAIDEN NAME rmat te 04 OF MOTHER 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE At place S. yrs. ...mos. ... da. In the OF MOTHER 00 (State or country) of Where was disease contracted, 교 14 THE ABOVE IS TRUE TO THE BEST OF, if not at place of death?..... Every item CIANS shot statement of Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADBRESS 20 ENDERTAKER " more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestive V. S

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter whatever, write None. tired 6 yrs.). For persons who have no occupation to report specifically the occupations ployed, as At "chool or At home. Care should be taken (a) Foreman. (b) Automobile factory. should be used only when needed. Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health Statement of Occupation - Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) of persons en-But in many The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcastes myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Whooping FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (Recommendations on state-"Anaemia" Struck by railway "Coma," (mereiy (disease (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B. of OCCUPA-

1. PLACE OF DEATH County Jueen Come	131
	Registration Dist. No. 252
Village or City he Centrealle (If	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 60 yrs mos	ds. How long in U.S. if of foralgn birth?
2. FULL NAME Thomas III, Lass. (a) Residence: No. The Centremale (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIFORCED (write the word)	21. DATE OF DEATH morele 4.
. If merriad, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY. That I attended decessed fro
DATE OF BIRTH (month, day, and year) Ock 9-1876	I last saw h Sie elive on 726 25 ,1935; death is sa
AGE Yaers Months Days If LESS then	to heve occurred on the date stated above, et
58 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chronic Interstitual reflecting
SAWYER, BOOKKEEPER, atc	
work was done, as SILK MILL, SAW MILL, BANK, etc	with Typer tension-
	V
ate decased last worked et this occupation (month end year)	
2. 4.	Other Coutributory Causes of Importance:
BIRTHPLACE (city or town)	Carebral Thewarhage
13. NAME Please Land	The of the same of
14. BIRTHPLACE (city or town) Jalbak Co	Nama of operation Data of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Hary Harvey	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) dellat 100	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did Injury occur?
INFORMANT Mary Relecca aller Herri	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
BURIAL CREMATION OF REMOVAL	
Place 1640 nucles Date March 1035	Menner of Injury
112 A C	Nature of Injury
UNDERTAKER DARLON ONCE (Address) Que francèse MA	24. Was disease or injury in any way related to occupation of deceased?
FILED Mar. 6, 1935 Mamie & Bright.	(Signad) W DJ' Fisher M. (Addrass) Centherite 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Jo m	hould	220	
ite	70	of	
Every	SICIANS	atement	
KI	HYS	st	
r REC	Y. PI	Exact	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	medion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
\ PEF	ed E	erly	ficate.
IS	stat	prop	erti
HIS	be	pe	Jo
NK-T	plnods	it may	TION is very important. See instructions on back of certificate.
ING	AGE	e that	tions
NFAD	plied.	rms, s	nstruc
5	dns	n te	ee i
ITH	ully	plai	r. s
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ALY	50 ec	ATF	npor
LAT	ld h	DE	ry ir
P	hou	OF	Vel
ITI	on s	SE	N is

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County Q Q Q	Registration Dist. No. 258
Village or City The Rud Pavello	N- n. n.
1/1	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Excret	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write tha word) Medius	
5a. If marriad, widowad, or divorced & Afenry Everette (or) WIFE of Washing	22. 1 HEREBY CERTIFY. That 1 attended deceased from Lary 27. 192 7 to Well 15 193 5
6. DATE OF BIRTH (month, day, and year) Way 21 1862	I last saw h alive on
7. AGE Yaars Months Days If LESS than	
73 72 9 24 1 day,	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Quit Queto Ditaling
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
Date decaased last worked at this occupation (month and year)	hat-
12. BIRTHPLACE (city or town) Lumply rily (Stata or country)	Other Contributory Caness of importances Che Annutrif Callin & Ca
I 13. NAME forms Plant	- refrecultures
14. BIRTHPLACE VETTY OF TOWN) Language	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & an ring Bremble 16. BIRTHPLACE (city or town) Implivilly	23. If death was due to axtarnal causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) & Market State or country)	Accident, suicide, or homicide?Oate of Injury, 19
17. INFORMANT Mus Enning Close Turk	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Lemplewelle nd Date Melo 18, 193	Manner of Injury
19. UNDERTAKER R. B. Rawlings. (Address) Isrenolus and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar 17, 1935 James J. Kingles Soft Joeal Registrar.	(Signed) A Hatcalle M.D. (Addrass) Leatherell M.D.
	ear, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AFN 2 1935			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Lieuw Green County Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03206
Village or City. No. Cutherine. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. A. Residence: No. No. Cutherine. (a) Residence: No. No. Cutherine. (busing lake of shock) PERSONAL AND STATISTICAL PARTICULARS S. SNCIE, MARCE (Cloud place of shock) PERSONAL AND STATISTICAL PARTICULARS S. SNCIE, MARCE (A) COLOR OR RACE S. SNCIE, MARTEN, PURDOVED, on Purdover the word) OR PURCES (refer to the word) OR PURCES (refer to the word) PERSONAL AND STATISTICAL PARTICULARS S. Intermetine, widowed, gr diverced (Cloud place of shock) PART OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 19. S. SNCIE, MARTEN, PURDOVED, on Purdover to the word) OR PURCES (refer to the word) PERSONAL AND STATISTICAL PARTICULARS S. Intermetine, widowed, gr diverced (Cloud place of shock) S. S. SOCIE, MARTEN, PURDOVED, on Purdover to the word) OR PURCES (refer to the word) PERSONAL AND STATISTICAL PARTICULARS S. Intermetine, widowed, gr diverced (Cloud place of shock) S. S. SOCIE, MARTEN, PURDOVED, on Purces (refer to the purces) PART OF DEATH (month, day, and year) 19. S. ALE OF BERTH (month, day, and year) 22. I HERE BY CERTIFY, Their I sittended deceased from the day is stored above, etc. 19. S. Individe the des sitted above, etc. 23. Individe with deat sitted above, etc. 24. SANGER, BOONELEPER, etc. 25. Individe with deat sitted above, etc. 26. SANGER, BOONELEPER, etc. 27. Trode, profession, or particulate S. Individe with deat sitted above, etc. 28. Individe with deat sitted above, etc. 29. Individe with deat sitted above, etc. 20. Individe with deat sitted above, etc. 20. Individe with deat sitted above, etc. 20. Individe		(31)
Langth of residence in elly or town where deeth occurred. Q. yrs. mos. ds. Now long in U.S. It of foreign birth? yrs. mos.	County Jusew Cours	Registration Dist. No. 252
Langth of residence in city or town where deeth occurred. D. yes	Village or City No Centreauce	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS J.SEX A. COLOR OR RACE S. SIMCLE, MARRIED, WINDOWED, OR BYORCED (which the word) So. If married, widowed, or divorced HUSBANDO ON HIT of PIRTH (month, day, and year) A. AGE Years Medical Certificate of DEATH Month, day, and year) A. AGE Years Month Days It LESS than 1 day,hrs, Or	Length of residence in city or town where deeth occurred by yrs mos. 2. FULL NAME John R. Haumond	ds. How long in U.S. it of foreign birth?yrsmosds.
3. SEX Methods 1. Color or race OR DYORCED (which the word) OR DYORCED (which the word) So. III retried, widewed, or divorced (Co) WHE of Nethecolor (Wooth) (Wooth) 1. Color of Reference (Color Description) So. III retried, widewed, or divorced (Color Description) So. DATE OF BIRTH (month, day, and year) A. ACE Years Month Deys II LESS than 1 day,	(a) nosidefice. No.	
Note Whate Whate OR WORKED (which ward) So. It merried, widowed, or diversed HUSAND (ORY) HUSAND (ORY) ED ATE OF BIRTH (month, day, and year) ARE Years Month Deys HESS than 1ts, branch of 184, hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs.	PERSONAL AND STATISTICAL PARTICULARS	
S. DATE OF BIRTH (month, day, and year) 7. AGE S. DATE OF BIRTH (month, day, and year) 7. AGE S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 8. Trade, profession, or particular kind of work done, as SPINNER, Frances S. Industry or business in which was done, as SILK MILL. Delluing the Said was done, as SIRK MILL. Delluing the Said was done, as SIRK MILL. Delluing the Said was done, as SIRK MILL. Delluing the Said was done as SIRK MILL. Delluing t	Male White OR DIVORCED (while the word)	March - 19. 1935
T. AGE Yeers Month Dys If LES than 1 dey. hts. Tride, profession, or particular SAWER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL Jubling the Said SAWER, BOOKKEPER, etc. To bet decessed lest worked at yeer) To bet decessed lest worked at yeer) Other Coestributery Causes of Importance:	(or) WIFE of Mefercallerue Deskap	Van 9- ,1975, to Merch 19. ,1976
SAVYER, BOKKEPER, etc. SAVYER, BOKKEP, etc. SAVYER, BOKKEPER, etc. SAVYER, BOKKEPER, etc. SAVYER,	7. AGE Yeers Month Deys If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importence
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED PARAL 20. FILED PARAL 21. Total time (vears) spent in this occupation (month end years) spent in this occupation (Other Contributory Causes of Importance: Other Contributory Othe	kind of work done, as SPINNER, Frances	Olivoure Intersteted naphritis
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED PARAL 20. FILED PARAL 21. Total time (vears) spent in this occupation (month end years) spent in this occupation (Other Contributory Causes of Importance: Other Contributory Othe	9. Industry or business in which work was done, es SILK MILL. Jelling the Sail	
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Plece 18. BURIAL, CREMATION, OR REMOVAL Plece 19. UNDERTAKER (Address) 20. FILED 10. FILED 11. INFORMANE 12. Informant Accident, suicide, or homicide? Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Address)	10. Dete decessed lest worked at this occupation (month end spent in this	
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER Cautherine Date Da	12. DIRTHE LACE (City of town)	Other Contributory Causes of Importance:
Whet test confirmed diegnosis? Was there en eutopsy? To see 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Now Cerest revise a (State or country) 17. INFORMANT Was about Waithan (Address) 18. BURIAL, CREMATIDN, OR REMOVAL Plece Cerest revise Date May 21, 1935 19. UNDERTAKER Battan Brank 20, 1935 Illamin B Bright (Address) 20. FILED March 20, 1935 Illamin B Bright (Signed) (Address) Whet test confirmed diegnosis? Was there en eutopsy? To see 10 in jury 2. 21. Informant we due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury 19 (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER Battan Brank (Signed) Was disease or injury in eny way releted to occupation of decessed? (Signed) Was disease or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Address) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Address) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Address) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed? (Signed) Was diseased or injury in eny way releted to occupation of decessed?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	14. BIRTHPLACE (city or town) nr Cent reacee (Stete or country)	,
18. BURIAL, CREMATIDN, OR REMOVAL Place Centreviele Date Way 21, 1935 19. UNDERTAKER Barton Bres (Address) Centreviere, Manual Script (Signed) 20. FILED March 20, 1935 Marris & Bright (Signed) (Address) Ventreviele March 20, 1935 Marris & Bright (Signed) (Address) Ventreviele March 20, 1935 Marris & Bright (Address) (Address) Ventreviele March 20, 1935 Marris & Bright (Address)	Me Jakas Waitland	Accident, suicide, or homloide? Dete of injury, 19 Where did injury occur? (Specify city or town, county and State)
19. UNDERTAKER Bartone Bres (Address) Confrevence Manuary 24. Was disease or injury In any way releted to occupation of deceased? If so, specify Wanty Fraker M. D. (Signed) Variables M. D. (Address) Confred Registrar.	(Address) Centreville 71. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED Parch 20, 1935 I James D. Gorght (Signed) Venturile 25 6	19. UNDERTAKER Buttone Bras	24. Was diseese or injury In eny way releted to occupation of deceesed?
	Local Registrar.	(Signed) Denterville Mr. D.

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Example I	i	Example II			
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Arteriosclerosis U	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago		
MISSAIL V. S.					
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

County Change Chang	CERTIFICATE OF DEATH Registration Dist, No. 255
Village or City Crumpto (No. 2FULL NAME Hunch M Jun	St.: Ward) (If death occurred in a hospitul or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Musch 28 , 1925 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Musi 4 1935, to Mar. 28 , 1923 5 that I last saw her alive on May 28 , 1923 5
7 AGE 72 yrs. 9 mos. de. or min.?	and that death occurred on the date stated above, at 5:30 pm. The CAUSE OF DEATH * yas as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MOTHER (State or Country) 15 MAIDEN NAME OF MOTHER (State or Country) 16 MOTHER (State or Country) 17 MAIDEN NAME OF MOTHER (State or Country)	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) Elizabel Brusse (Address) Crangle Ms. (Address) 18577 M Plack Registred	15 not at place of deah? Former or usual res.dence 19 PLACE OF BURIAL OR REMOVAL Compton of March 3.1, 1935 20 UNDERTAKER ADDRESS M. J.
	,16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more present a fine at home, who are engaged in the duties of the en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from nature of the husiness or industry, and therefore an Physician, Compositor, Architect, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Grocery; specifically the occupations of persons en-For persons who have no occupation Automobile factory. The material Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, approved (Recommendations on statement of cause of death carbolic acid—probably suicide. The n_ture of the injury, taken. For VIOLENT DEATHS state MEANS OF INJULY as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the "" "Weakness," etc., when a definite disease Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OF

CAUSE

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(Yaar)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RD. Every item of infor-PHYSICIANS should state

	County	queen	lan	no	Registration Dist. No.	3
	Village or C	ity	Ohe	ste	NoSt.,	War
	Length of resi	danca in city or town wi	ara death occurrad	(I)	death occurred in a horpital or institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth?yrsmos	
2.	FULL NA	ME	Stell	om 16	lley Twin # 2	
	(a) Residen	ce: No			St., Ward.	
	DEDCON	AL AND 6747		ce of abode)	If nonresident give city or town and S	itale
3. S		AL AND STAT		ARRIED, WIDOWED,	21. DATE OF DEATH	
	Jem	$ \omega $	OR DAVORO	ED (write tha word)	(Month) (Day)	193 S (Yaar)
58, 1	If marriad, widow HUSBAND of (or) WIFE of	ad, or divorcad		0	22. HEREBY CERTIFY, That I attended do	aceased fro
6. D		(month, day, and year)	Meh	V4 193		, 19
7. A			Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at#Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
TION	kind of v SAWYER,	sslon, or particular vork dona, as SPINNER BOOKKEEPER, atc			Still born	Date of ons
X	9. Industry or work we: SAW MIL	businass in which s done, as SILK MILL, L, BANK, etc				
00	LO. Date dacaas this occu yaar)	ed last worked at pation (month and	Sp.	l time (yaars) pent in this coupation		
12.	BIRTHPLACE (ci		horte	- lud.	Other Contributary Causes of importance:	
ER	13. NAME	N W TO	elen			
FATHER	14. BIRTHPLACE (State or		Phe	Je ?	Name of operation Date of What test confirmed diagnosis? Was there an au	lo-au2
ER	15. MAIDEN NA	MERILL	a Jol	Loon.	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (State or	,	Chest	e wel	Accident, suicide, or homicide? Date of Injury Whare did injury occur?	
17.	INFORMANT (Addrass)	14 M	Chie	Eu Si	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	CE.
18.	Placa Placa	ION, OR REMOVAL	d Data Mu	ar 25,135	Manner of injury	
19.	UNDERTAKER	F. C. Stev	mon	ele ma	24. Was disaasa or injury in any way ralated to occupation of deceasad?	9
20, 1	FILED Ma	25,19350	C. J	how we	(Signad) (Addrass) (Addrass)	S.M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	- 1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

	CERTIFICATE OF DEATH 03211
1. PLACE OF DEATH	(46-6)
County Keeens Cenne	Registration Dist. No. 252
	No. St., Ward. St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of addie 74. Weelekeer	22. SHEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 6-1855	I last saw h alive on Way, 2 19 35 : death is sain
7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, es SPINNER, Farming SAWYER, BDOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, es SILK MILL, Pellus Ale Sail	Stones
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
(State or country)	
13. NAME James Meeleken: 14. BIRTHPLACE (city or town) Develue Quese Co	
14. BIRTHPLACE (city or town) Scerew Que Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Einely De Rouelberve 16. BIRTHPLACE (city or town) Queuvacue Co	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
27. INFORMANT Charles Mullickie (Address) (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Cuttievele Date March 6, 19 35	Manner of injury
19. UNDERTAKER Barton Bro (Address) Centreville, md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 6, 1935. Illamis & Bright.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		•		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

			10010
PLACE OF DEATH		STATE OF	MARYLAND
County Q Q Co	6	CERTIFICATE	OF DEATH
County	93-C)		250
		Registration	Dist. No. 200
Village or City Landay (No		St.: Ward	(If death occurred in
The state of the s		St.;vvaru	a hospital or institu- tion, give its NAME in-
2 FULL NAME Quel Laving 7	Leckerson		stead of street and number.)
FOLL NAME OF SHOWING	jewowy	**************************************	
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MICHAEL	16 DATE OF DEATH	/ 0 4	
T WIDOWED, MED	***************************************	144 4	
Will OR DIVORCED (Write the word)	8	(Month)	(Day) (Year)
6 DATE OF BIRTH	17 I HEREB	Y CERTIFY, That I at	tended the deceased from
Quall 22- 1865	19	192.7. to 1	1985,
(Month) (Day) (Year)	that I last saw h.	alive on The 2	0 1983.
7 AGE [If LESS than		irred on the date stated	3 45-7
l dayhrs.		TH * was as follows:	I above, at
/06 yrs. / mos. / ds. or min.?	0,,000 0. 02		
8 OCCUPATION	(D. T (ancher helde	
(a) Trade, profession or Huy Why	J. aug.	again to come	
particular kind of work / YUU UTF			1 ₁ /100+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4+4+
business, or establishment in		(Duration)	vrs. Amos O. ds.
which employed or (employer)	06	- Musadus	2 Dellestes Deta
9 BIRTHPLACE	Contributory N.	42	100
(State or country) & also Jud.		(Duration)	yrsmosds.
10 NAME OF	(Signed)	Hutecell	M. D.
FATHER US Parkers	1 1	- 30	Pinelo Tuel
0 11 BIRTHPLACE OF FATHER		5 (Address)	
Z (State or country) (ASGLYUMU	*State the S	Disease Causing Death, state (1) Means of Ir	njury and (2) Whether
W 12 MAIDEN NAME	Accidental, Suicidal		
of MOTHER Mary & Cesales	18 LENGTH OF R		tals, Institutions, Trans-
13 BIRTHPLACE			11 00 10
OF MOTHER (State or country)	At place of death 2 yrs		te 66 yrs 10 mos 10 ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cor if not at place of dea	itracted, ath?	
THE ABOVE IS TRUE TO THE BEST OF MIT MITSWEED BE	Former or		
(Informant) Engately Thickersoy	usual residence	**************************************	
1 0000	19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
(Address) (Address)	Camer plo	ec_	Menle 6, 1950
15 m. 5259. 1+1.n.1	20 UNDERTAKER	2	ADDRESS
Filed / av. 2 1900 Chyable Micke	Nr 16.	2000	Church Hell

(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., additional line is provided for the latter statement; it Physician, fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-The ques-Grocery Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., scpsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaenia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; L. (secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, cough; Chronic chopneumonia (secondary) etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03213
1. PLACE OF DEATH	93-6
County Luca Unic	Registration Dist. No. 252
Village or City Centreville	ND. St., Ward
Length of residence In city or town where death occurred 50 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (MAKELES J. Mach	• = = = = = = = = = = = = = = = = = = =
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Match 10-, 1935 (Month) (Day) (Year)
HUSBAND of Course Green	22. I HEREBY CERTIFY, That I attended deceased from, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc PRINTERING UGEN	I from leating I was a heart attack (Sudle
3. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Frosably Chrome my ocro Letist -
this occupation (month and yaar)	*
12. BIRTHPLACE (city or town) (State or country) (State or country)	Other Contributory Causes of importance:
13. NAME Williams of Pick 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
- Tenang	What test confirmed diagnosis? Was there en autopsy?
I work	23. If death was due to external causas (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicida?
17. INFORMANT Mes Natalejie Walters. (Address) Centrerelle Man	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Menner of injury
Placa Called Date Mak - 13-193.5	Nature of injury
19. UNDERTAKER 13. A. Fellows (Address) Stell ford nid	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED March 12, 1935 Manis & Bright Registrar.	(Signed)
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10 m	Example II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be mation should be carefully supplied. WINTED PLA

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH	214
	(31)	3
County Sillen (Anne	Registration Dist. No. 215	2
. Village or City Classes	NoSt., death-securred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in effs or fown where death occurred vrs	ds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME Millian (ledan	der Sparks!	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OK RACE OR-BLYOR CED (write the word)	21. DATE OF DEATH Whark 9 (Month) (Day)	193 5 . (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Marrie attention (ar) WIFE of Marrie attention (b) Wife of Marrie attention (ar) Wife of Marrie attention (b) Wife of Marrie attention (c) Wife of Marrie attention (c) Wife of Marrie attention (d) Wife of Marrie attention (e) Wife of Marrie attention (e) Wife of Marrie attention (e) Wife of Marrie attention (f) Wife of Marrie attention (e) Wife of Marrie attention (f) Wife of Mar	22. HEREBY CERTIFY, That I attended of	lacaasad from
a litter 10 -	- July 15 ,1934, to marsh 9	, 19.3.
6. DATE OF BIRTH (month, day, and year) Mug 6 /8 70		; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
64410. G ormin.	ware as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	arterios clerosio	1070
Industry or business in which	, a vigoro y s coopysia	7700
work was done, as SILK MILL, SAW MILL, BANK, etc.	cerebral himoritage	11035
this occupation (month and 13/11. Total tima (yaars) spant in this occupation occupation.	,	
Mostor M.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	chronic interstial ne healis	1937
13. NAME / Clean General 14. BIRTHPLACE (city or town) blatle 14. BIRTHPLACE (city or town) blatle		
14. BIRTHPLACE (city or town)	Name of operation Data of	
(State of Country)	What tast confirmad diagnosis? Was there an a	utopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of injury	, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State	3
17. INFORMANT Sighley Sparks (Addrass) Subter, ma.	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CHEMATION, OR REMOVAL POPULATION THE SECOND SE	Manner of injury	
Place 1 refusition 1990 Date / Well (193)	Natura of Injury	
19. UNDERTAKER & Collows and Collows (Address) Stever south of Marie	24. Was disaasa or injury in any way ralated to occupation of deceasad?	*
20. FILED Mar 9th, 1935 F. C. Thomas Lee al Registrar.	(Signed) Theody Sattylling (Address) Hevey ville	W M. I
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	~~ ~~ ~~	7 0 14	Y CIGINTA	O T T Y T T T T T T T T T T T T T T T T	10 1	T II I DIOLAM

V. S. No. 1

1. PLACE OF DEATH	92:0
County Man Accine	Registration Dist. No. 25-
Village or City Rake to	NoSt.,Ward
Langth of residence in city or town where deeth occurred 15 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) 98ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME MOLLS LOUIS ST	autou
0.11/1	CA Ward
(a) Residence: No. / Classification (Osual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR NACE 5. SINGLE, MARRIED, WIDOWED, OR DAYOBEED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorcad HUSBAND of	
(or) WIFE of Oslo ala Slactor	22. 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BERTH (month, day, and year) Jeby 22 1876	I last saw h De alive on Weh 7 , 19 3 death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated eboye, et
59 0 15 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Muttal very Heart 34pt
SAWTER, BOUNNEEPER, etc.	?
9 Industry or business in which work was done, as SILK MILL Welles & August SAW MILL, BANK, at L.	
O 10. Date deceased last worked et 11. Total tima (years)	
this occupation (month and 934 spent in this 40/	6
01 11 07	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	well the state of
13. NAME / LILL BLAUSS	
	Name of acception
14. BIRTHPEACE (city or town)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME NO GOVERT CHOCKEY	23. If death was due to axternal causes (VIOLENCE) fill in also the following
	Accident, suicida, or homicide? Dete of Injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
asurand Stauton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Addrass) Langelly R. F. A.	openi, month injury occurred in his definit, in home, of the openi.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Shurch Data Mar JO., 1931	Natura of Injury
19 UNDERTAKER TRACE & GOOD	24. Was diseaso or injury in any way related to occupation of deceased?
(Addrass) Church Hol. Hed.	If so, specify
20. FILED Har . 9, 19 2 4 - 1 He Good Registrar.	(Signer) a sea of the Cell of M. D. (Addrass) Elected the Hell of the Cell of
If more blanks are needed address State Penister	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
QUSEAU VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03216
County Quela aure's	Parishadian Diad No. 2.54
Village or City Prosonville	Registration Dist, No. St., Ward No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. di
2. FULL NAME French Henry Wel (a) Residence: ND. Daltimore (Usual place of abode)	A A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Mule 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) manual	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widewed, or divorced HUSBAND of Minne German	22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to Warch 14, 1935
6. DATE OF BIRTH (month, dey, and year) Way 31. 1873. 7. AGE Years Months Days If LESS than	I last saw haten alive on March 14, 1935; death is sal
6 61 9 1H 1day, hrs.	to have occurred on the dete steted ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Trade, profession, or particular kind of work done, as SPINNER, Salesman (retire)	Arterios clerosis 143.
9. Industry or business in which work was done, as SILK MILL, further SAW MILL, BANK, etc	Cerebral halleenthal nephritis 1933
10. Date deceased last worked at this occupation (month and 39 spent in this occupation (month and 39)	193
2. BIRTHPLACE (city or town) Balence Well (State or country) 13. NAME Herry Gu Gun Whala	Other Contributory Causes of Importance: May Alpoplesia of left nile 1934
13. NAME Hury augus Whah Whah 14. BIRTHPLACE (city or town) Grant What (Stete or country)	Name of operation Dete of
15. MAIDEN NAME Kallinia Leber 16. BIRTHPLACE (city or town) from the control of	23. If death wes dua to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) from the country)	Accident, suicide, or homicide?
17. INFORMANT Colin whoth Simmes and (Address) Baltimore Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place In Thursday - And Data Mar. 16 1935	Menner of Injury
19. UNDERTAKENT. C. Showard Miles Miles (Address)	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILENLY / 4 1935 Neles Maldrig	(Address) Stevens rele
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	E-22
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 plnous Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth? _______wrs. _____mos. _____ds. PHYSICIAN (a) Residence: No If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Yeer) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) certificate 7. AGE Deys Yeers Months If LESS then to heve occurred on the date steted above, at. 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence or____min. 8. Trade, profession, or perticuler kind of work done, es SPINNER. of SAWYER, BDDKKEEPER, etc may back 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceased lest worked et this occupation (month and 11. Total time (yeers) spent in this this occupation (month end occupetion __ instructions 12. BIRTHPLACE (city or town (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) carefully Whet test confirmed diegnosis? MOTHER important. 15. MAIDEN NAME 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did Injury occur? ... be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. should OF 18. BURIAL CREMATION. Manner of injury CAUSE mation Neture of injury_ 24. Wes disease or injury in env wey releted to occupation of deceased 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

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		,	